	State W	ell Report	passes .
County: Tole	Part 1 – <b>I</b>	For Office Use Only:	
county. 10 H		nt of Environmental Quality	Aquifer:
Permit #:	Office of Land and Water Resources		Well #: $A - 87$
Driller: Janes w. Mason	P.O. Box 2309		Well #:
		n, MS 39225 961- 5210	L. S. Elevation:
Date drilling completed: 5-27-08		1- 5228 (fax)	
	` ,	, ,	E-log #:
State Law requires that this repor			
Department at the above address			
Information on Well O (Landowner if borehole is not fo			rehole Location
	,	Latitude: 34 . 42 , 926	E Longitude: & O & G , 670,
Owner Name Building Drea	ms Construction	<u> </u>	Longitude: $\frac{87 \cdot 08}{5}$ , $\frac{678}{41}$ ne): Conventional Survey,
Mailing Address: 1 346 Beach		Method of Lat/Long (circle or	ne): Conventional Survey,
Mailing Address. 1 5 1 6 DENC	104%	USGS quad, Hand-held	GPS, Survey-grade GPS
Ockobutla	28/ 20	SE 4 SE 4 Sec 21	Twn 45 Rng 7w
City Stat	S. 30 602 e Zin Code	Distance Direction	Nearest Town
	•	1'14 Miles Now	of arkabutla
Telephone No. (901) 340-669	3		
	Well / Bore	hole Dete	
Date drilling started: 5-37-08 Date dri			Hole diameter: ( $^3/_4$
		· —	Tiole diameter.
Location of the source of any surface water			
Method of dosing and volume of Chlorine used in drilling and development:			
Logs run (circle all applicable). No log run	Electric Gamma Ray	Density Sonic Neutron	Other:
Name of organization running log(s):	<u>څمم</u>		
Purpose of borehole (check one): Water We	ellGeotechnical/Geolo	ogical Investigation Ground	Source Heat Pump
Seismic S	urvey Other (describe)	1	
		n, skip the remainder of this blo	ock
Purnose of Well (check one). Home In	dustrial Public Supply	Imigation Fish Culture	Othory
Purpose of Well (check one): HomeIndustrial Public Supply Irrigation Fish Culture Other:			
If a flowing well, method of flow regulation: Valve Other (describe)			
Static Water Level:feet above or below (circle one) land surface Date measured:6 - 3 - Ocf			
Method of Measurement (circle one) steel tape electric tape air line other: String (meijut			
Well depth: ( Well grouted to a depth of / Eet Type of grout (circle one): Neat Cement Bentonite Mix			
Casing length: 120 feet Casing diameter: inches Type of casing:			
Screen length: 30 feet Screen diameter: 1 inches Type of screen: 0			
Screen slot size:, Oldinches    Setting depth: From feet_ to feet_			
Type of completion (circle all applicable) Gravel packed Underreamed Telescoped Open hole Natural Development			
Other (describe):			
Top of lap pipe or reduction in casing:	Top of lap pipe or reduction in casing: NA · feet. If telescoped or more than one screen, describe on next page		
			Farm (01) A/D (04/00)

RECEPTE PLWR-SWR-1A (04/08)
JUN 27 2008
BY: OLWF

#### The sketch below only required for water wells

# If well telescopes, show depths on sketch. Ground Level

Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	Γο (depth)
Clay dict	Ground Level	35
Blue Clay	35	35
grovel	35_	40
airie clay	40	60
white soud white soud	65	65
while clay	65	35
unite soud.	75	140

If more than one screen, show location of each on sketch

Sketch the property layout and include the following: 1) the well loca aid in locating the well; 3) any roads, power lines, or ot 4) a north arrow.		
8	5	RECEIVED
S.C. T.		JUN 27 2008
		BY: OLWF
	/ house /	
3		~
Landowner Name: Building Diegn, Caustu	dion M	OV JUD SIMP 14 (AMA)

Form: OLWR-SWR-1A (04/08)

I certify that the well/borehole was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state

laws.		
Jaci u Mosor 0-620	6-25-08	Commission of the second
Print Name of Responsible Licensee and License No.	Date	Signature of Licensee

## RECEIVED

### STATE WELL REPORT

### Part 2

County: Take

Driller: Jones w. Moson

Date completed: 6-3-08

Permit #:

Pump Installer's Completion Report Mississippi Department of Environmental Quality

Office of Land and Water Resources P.O. Box 2309 Jackson, MS 39225 (601)961-5210 (601)961-5228 (fax)

JUL	Į	2	7	2008	3
BY:	(	)	<b>.</b>	W	R

For Office Use Only:		
Aquifer:		
Well #: A- 87		
Elevation:		

Copy information from block on Part 1 This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part 1 of the report must be attached and both parts filed with the Department at the above address within 30 days of well completion

t the above address within 30 days of well completion.	
Well Location	
Latitude: 34,42,926 Longitude: 89,08,678	
Method of Lat/Long (check one): Conventional Survey,	
USGS quad, Hand-held GPS, Survey-grade GPS	
SE 4 SE 4 Sec 21 T 45 R 9W	
Distance Direction Nearest Town	
114 Miles NW of Orkobutla	

	Pump Typ Circle one			Power Type Circle one	
Air Lift	Jet	Submersible	Diesel Engine	Gasoline Engine	Natural Gas
Bucket	Piston	Turbine	Electric Motor	Hand	Tractor PTO
Centrifugal	Rotary	Flowing Well	Windmill	Other (specify):	
Other (specify):			Horse Power Ratin	g of Motor:	<u> </u>
Date Pump Installed:	6-3-0	? <u>&amp;</u>	Setting Depth:	60_	feet
Rated Pump Capacity		Gallons Per Minute	Number of Stages:	14	

Pump Test Data	Method of Measuring Water Level Circle one	
Date Well Tested: 6-3-08  Static Water Level (A): 7 Feet Below Land Surface  Pumping Water Level (B): 74 Feet Below Land Surface	Air Line Electric Measuring Line Steel Tape  Other (specify): String Luneight	
Drawdown [(B) – (A)]: Feet Below Land Surface  Test Pumping Rate: Gallons Per Minute  Duration of Pump Test (minimum 4 hours): hours	For flowing well, measured shut in head:feet  Well yieldedGPM with a drawdown of feet afterhours of pumping	

I HEREBY CERTIFY that the above statements are true to the best of	f my knowledge.
Jones W. Mosen 0-620	Gers Man
Print Name of Pump Installer and License No. (if applicable)	Signature of Pump Installer

Form: OLWR-SWR-1B (04/08)